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February 2, 2009

Cheri Atkins, Administrator
Allies dba Advocacy & Learning Associates
850 E. Lander
Pocatello, Idaho 83201

Dear Ms. Atkins:

Thank you for submitting Allies Plan of Correction dated January 30, 2009. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Allies a Six (6) month provisional certificate effective from October 30, 2008 through April 30, 2009.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Survey and Certification will conduct an on-site survey March 17, 2009 through March 19, 2009 to confirm your agency has made the corrections.

If you have any questions, you can reach me at 208-239-6267.

Pam Loveland-Schmidt, DS
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

ALLIES (dba of Advocacy and Learning Associates)
6ADVOC062

850 E Lander St
Pocatello, ID 83201-
(208) 234-2094

Survey Type: Recertification

Entrance Date: 10/6/2008

Exit Date: 10/10/2008

Initial Comments: Surveyors Present: Rebecca Fadness, Supervisor Survey & Certification; Pam Loveland-Schmidt, Medical Program Specialist Survey & Certification; David Doran, Medical Program Specialist Survey & Certification; Robert Card, Clinical Psychologist-FACS; and Karen Tharp, FACS DD Supervisor.

Observations for Developmental Disabilities Agency:

Participant (1) was observed receiving developmental therapy services from employee (2) in Pocatello at the Fred Meyer's store, identifying items which the participant would like to purchase. The program was conducted with one other participant and staff. The staff who was working with participant (1) had good rapport and did not appear to be conducting therapy as the program was being run in a discrete manner. The community service enhanced the participant's social image and promoted competency because the program was being run in an appropriate manner, although the community setting was unnatural. The participant who was observed lived in the Blackfoot / Fort Hall area and was observed receiving services in an environment where it would not routinely occur. The setting in which the participant was observed is not where the individual would commonly learn and utilize the skill as it is not in his community.

Participant 2-Was not observed only record review.

Participant 3-Was not observed only record review.

Participant 4-Was not observed only record review.

Participant 5-Participant was observed with Developmental Therapist (1) in the center and the program consisted of 53 minutes of non functional activity for participant to respond to directions prompted by "do this". The prompt would elicit a variety of movements such as clap hands, raise arms above head; hold hand out with palm facing upward, throw a piece of paper in the garbage, etc. Additional numerous verbal directions were given such as "hands down" when the child would place her hands to her mouth. Prompts for "hands down" were inconsistent which typically occurred when staff was engaged in reviewing program or recording data. Session interrupted by another staff and participant. Staff person not prepared for program. At 4:05 staff was looking for something in the room in which she was unable to locate. Staff verbalized she was unable to locate thus will not "do that program". The therapist was professional, had a good rapport and treated the child with respect.

Participant 6-The participant was observed in the home with Developmental Therapist (3) and the program consisted of non-functional and inappropriate activity for participant to respond to directions prompted by "do this". Participant requires total care. She utilizes a feeding tube, wheelchair and has a tracheotomy. In addition participant has a bilateral hearing loss and wore only one hearing aid during the session as one was broke. Participant required suction during the observation. Staff observed taking data when child was sleeping and subsequently billing for this period. Programming consisted of staff demonstrating an action and instructing participant to "do this". Actions consisted of clapping hands, holding hands out with palm facing upward, rotating ankles, pointing finger etc. These actions were repeated during the observation. Staff also observed working with participant re: communication. Staff went through numerous sounds in an attempt to have the participant repeat which the participant did not. Sounds such as la,la la; ma,ma,ma; ooh,ooh ooh and finally the child's name. The Developmental Therapist was patient and appeared to have a good rapport with the child and threatened her with respect.

Participant 7-Was not observed only record review.

Participant 8-Therapist (5) was patient, reinforced appropriately(labeled praise and stickers) and had good Rapport with the child. The environment was appropriate (home) and the task observed (turn-taking) was an objective on the plan. We did not observe data collection during the observation and question the reliability of the documentation Timeout was not observed during the observation, however it should be noted that less restrictive methods were not documented. Reportedly timeout was a result of a recommendation by the referring agent.

Participant 9-The therapist (4) had good rapport with the child. She set up the transitions with limited stress to the child. The environments were appropriate and conducive to therapy (Home and her neighborhood). The plan was not reviewed or changed , per the file and Developmental Specialist (7)'s report, as it was apparent that the therapy involved too many verbal prompts and the reinforcement needed to be thinned. The child appeared to be almost 100% compliant and did not exhibit any maladaptive behaviors during the observation. Since no review was completed in the last 6 months it is questionable whether she meets the qualifications for the service.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.009.01	Criminal History	WHAT – deficiency corrected during survey.
009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 7 employee (5) records reviewed lacked: • Evidence the agency verified that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Criminal History and Background Checks." and 16.04.11.009.02- When Agency Employees May Begin Working. Once an employee, subcontractor, agent of the agency, or volunteer	HOW – All employees have current, completed background checks. New employees will have ISP transfer form (when applicable) sent prior to having contact with participants. WHO – Administrator and Program Director are responsible. QA – All criminal history checks are reviewed by Program Director and/or Administrator before employee has contact with participants to ensure IDAPA rules are met. WHEN – deficiency corrected during survey. QA is ongoing.

delivering DDA services to participants with developmental disabilities has completed a selfdeclaration form and has been fingerprinted, he may begin working for the agency on a provisional basis while awaiting the results of the criminal history check. For example: Employee (5) started work for the agency on 09/30/08 and had direct contact with participants on 10/01/08 and her update to her criminal history transfer was sent to the Idaho State Police on 10/03/08 and not completed until 10/06/08. (Deficiency corrected during survey)

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.201.04.V.vi	Building Evacuation	
<p>201.APPLICATION FOR INITIAL CERTIFICATION.</p> <p>04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06)</p> <p>v. When center-based services are to be provided, the following are also required for each service location: (7-1-06)</p> <p>vi. Written policies and procedures regarding emergency evacuation procedures. (7-1-06) & 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based</p>	<p>FINDINGS:</p> <p>Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>Agency lacked:</p> <ul style="list-style-type: none"> Evidence the agency policy for building evacuation included the evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. For example: The policy lacked point of orientation. (Deficiency corrected during survey) 	<p>Policy was modified to include point of orientation. WHAT – deficiency corrected during survey. HOW – All evacuation maps are correct; policy has been modified. WHO – Administrator and Program Director. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement. WHEN – deficiency corrected during survey. QA is ongoing.</p>

services. (7-1-06)

04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.11.400.01

400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.

01. Administrative Staffing. Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-06)

Category/Findings

Staff Qualifications

Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis.

FINDINGS:

Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.

1 out of 1 Administrator (6) record lacked:

- Evidence the agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. For example: The duties of administrator are divided between the administrator and the DS/IBI Professional.

Plan of Correction (POC)

The agency has a co-administrator policy between members of management. However, the Administrator is ultimately responsible for overseeing the programs. WHAT – Administrator job description reflects administrator duties; policy reflects administrator sharing duties but ultimately being responsible for oversight. HOW – Not applicable. WHO – Administrator and Program Director. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement. WHEN – deficiency corrected during survey. QA is ongoing.

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.400.04	Staff Qualifications	
400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 04. Parents of Participants. A DDA may not hire the parent of a participant to provide services to the parent's minor or adult child. (7-1-06)	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>Agency lacked:</p> <ul style="list-style-type: none"> • A policy and procedure addressing DDA's may not hire the parent of a participant to provide services to the parent's minor or adult child. (Deficiency corrected during survey) 	<p>Policy was modified to include current practice, which is that agency does not hire parents of participants. WHAT – deficiency corrected during survey. HOW – policy has been modified; parents will not be hired (nor have ever been) to provide services. WHO – Administrator and Program Director. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement. WHEN – deficiency corrected during survey. QA is ongoing.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Staff Qualifications	
<p>405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)</p> <p>02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06)</p> <p>a. Give instructions; (7-1-06)</p> <p>b. Review progress; and (7-1-06)</p> <p>c. Provide training on the program(s) and procedures to be followed. (7-1-06)</p>	<p>FINDINGS:</p> <p>Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>2 out of 3 Developmental Therapist employee (2,3) records reviewed and observations lacked:</p> <ul style="list-style-type: none"> • Evidence the agency assured that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: Give instructions; Review progress; and Provide training on the program(s) and procedures to be followed. For example: Employee (2,3)'s record lacked evidence of weekly instruction, review of progress and provide training on the programs and procedures to be followed for 01/08-05/08 and 07/08. 	<p>WHAT – Weekly meetings will and now do include training, (participant specific) instruction to staff, and review of progress.</p> <p>HOW – When trainings occur, previously participant specific instruction was not documented; however, now participant specific documentation and review of progress will be documented for all weekly staff meetings. Specific participants were not identified in as being affected by this deficiency.</p> <p>WHO – Program Director/DS.</p> <p>QA – DS will be present at all team meetings and will provide training, instruction to staff, and review of progress; Program Director (also a DS), will review meeting notes to ensure team meetings cover rule criteria.</p> <p>WHEN – All weekly meetings will be correctly documented by January 15, 2009.</p>
Scope and Severity:	Widespread / No Actual Harm – Potential for Minimal Harm	<p>Date to be Corrected:</p> <p>Administrator Initials:</p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.01.b	Training	WHAT – Employee will recertify in CPR.
<p>415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06)</p> <p>b. Each agency employee providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter. (7-1-06)</p> <p>i. The agency must assure that CPR and first aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-06)</p> <p>ii. Each agency staff person must have the appropriate CPR and first aid certification for the participants he serves. (7-1-06)</p>	<p>FINDINGS:</p> <p>Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>1 out of 5 employee (4) records reviewed lacked:</p> <ul style="list-style-type: none"> Evidence each agency employee providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter. For example: IBI professional (4)'s CPR expired in 2007. 	<p>HOW – All employees will be certified in CPR/FA within 90 days of hire and will maintain continuous certification thereafter. No specific participants were identified as being affected by this deficiency. WHO – Administrator and Program Director.</p> <p>QA – Employee tracking system will be reviewed at least quarterly to ensure that all employees are CPR/FA certified and/or scheduled to re/certify.</p> <p>WHEN – Agency will begin quarterly reviews of employee tracking system in January 2009. Employee will re-certify in CPR by January 15, 2009.</p>
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.02	Building Standards	WHAT – Light bulbs will be replaced when burnt out.
<p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>02. Environment. The facilities of the agency must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. (7-1-06)</p>	<p>FINDINGS:</p> <p>Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>Agency lacked:</p> <ul style="list-style-type: none"> Evidence the facilities of the agency are designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. For example: The bathroom vanity had 2 bulbs burned out. 	<p>HOW – Monthly walk through will continue to determine building needs. No specific participants were identified as being affected by this deficiency.</p> <p>WHO – Administrator and Program Director.</p> <p>QA – Administrator and/or Program Director reviews monthly walk through to ensure any areas needing addressed are taken care of.</p> <p>WHEN – QA is ongoing.</p>
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.03.d 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) 03. Fire and Safety Standards. (7-1-06) d. The premises must be kept free from the accumulation of weeds, trash and rubbish; and (7-1-06)	Building Standards FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. Agency lacked: • Evidence the premises is kept free from the accumulation of weeds, trash and rubbish. For example: A garbage bag full of garbage was sitting out side of the side door by the stairs to the basement. (Deficiency corrected during survey)	Garbage was emptied while survey was ongoing; garbage bag was temporarily left on outside walk. WHAT – Monthly walk through will continue to address building needs. HOW – Monthly walk through will continue to determine building needs. WHO – Administrator and Program Director. QA – Administrator and/or Program Director reviews monthly walk through to ensure any areas needing addressed are taken care of. WHEN – QA is ongoing.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.03.f 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) 03. Fire and Safety Standards. (7-1-06) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)	Building Standards FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. Agency lacked: • Evidence all hazardous or toxic substances must be properly labeled and stored under lock and key. For example: the cabinet in the bathroom had a magnetic lock which did not lock appropriately and surveyors were able to open the door and toxic substances were in the cabinet.	WHAT – Lock in bathroom will be fixed. HOW – Monthly walk through will continue to determine building needs. No specific participants were identified as being affected by this deficiency. WHO – Administrator and Program Director. QA – Administrator and/or Program Director reviews monthly walk through to ensure any areas needing addressed are taken care of. WHEN – Lock will be fixed by January 15, 2009. QA is ongoing.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.06.a	Building Standards	WHAT – Toy cabinet will be fixed or replaced.
500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.	HOW – Monthly walk through will continue to determine building needs. No specific participants were identified as being affected by this deficiency.
06. Housekeeping and Maintenance Services. (7-1-06)	Agency lacked:	WHO – Administrator and Program Director.
a. The interior and exterior of the center must be maintained in a clean, safe and orderly manner and must be kept in good repair; (7-1-06)	• Evidence the interior and exterior of the center must be maintained in a clean, safe and orderly manner and must be kept in good repair. For example: the metal storage cabinet in the basement had a broken lock and when the door is opened the metal bar falls out.	QA – Administrator and/or Program Director reviews monthly walk through to ensure any areas needing addressed are taken care of.
		WHEN – Cabinet will be fixed or replaced by January 15, 2009. QA is ongoing.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.01.c	Health Practices	Policy addressing special medical or health care needs of participants was added during survey. WHAT – deficiency corrected during survey. HOW – policy has been modified; special medical or health care needs of participants was added to policy. WHO – Administrator and Program Director. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement. WHEN – deficiency corrected during survey. QA is ongoing.
510. HEALTH REQUIREMENTS.	FINDINGS:	
01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-06)	Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.	
c. Address any special medical or health care needs of particular participants being served by the agency. (7-1-06)	Agency lacked: • A policy addressing any special medical or health care needs of particular participants being served by the agency. (Deficiency corrected during survey)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.03	Health Practices	
510. HEALTH REQUIREMENTS. 03. Employees. Each employee with direct contact with participants must be free of communicable disease and infected skin lesions while on duty. (7-1-06)	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>Agency lacked:</p> <ul style="list-style-type: none"> • A policy addressing each employee with direct contact with participants must be free of communicable disease and infected skin lesions while on duty. (Deficiency corrected during survey). 	Communicable disease policy lacked specific wording on skin lesions. WHAT – deficiency corrected during survey. HOW – policy has been modified; skin lesions has been added to communicable disease policy. WHO – Administrator and Program Director. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement. WHEN – deficiency corrected during survey. QA is ongoing.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.c	Assessments	
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) c. Guide treatment; (7-1-06)	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy child participant (1,5,6) records and 2 out of 2 IBI (8,9) records reviewed lacked the following:</p> <ul style="list-style-type: none"> • A comprehensive assessment that guide treatment. For example: Participant (1)'s Implementation Plan 2.1 objective states "ask "excuse me" with no recommendation from the speech assessment to guide treatment. <p>5 out of 5 Developmental assessments lacked evidence the assessment guides treatment. The assessments consisted of a list of needs</p>	<p>WHAT – Assessments will be modified to include guidance for treatment.</p> <p>HOW – Agency will consult with other agencies to determine what standard of practice is for comprehensive assessments. Once determination is made for how comprehensive assessments will guide treatment, all comprehensive assessments for all participants will be reviewed and/or modified to ensure necessary components are included.</p> <p>WHO – Program Director.</p> <p>QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement.</p>

and strengths only. In addition, 5 out of 5 Social Medical assessments do not guide treatment. Assessments consisted of justifying developmental therapy and repeat of other disciplines.

WHEN – All comprehensive assessments for participants sampled during survey will be reviewed and modified by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009. It is anticipated that all participant's comprehensive assessments will need to be modified to some extent. QA is ongoing.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.11.600.01.d

600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)

Category/Findings

Assessments

FINDINGS:
Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.

2 out of 3 Developmental Therapy participant (5,6) records and 1 out of 2 IBI participant (9) record lacked:
*Identification of the participant's current interests.

Plan of Correction (POC)

Participant records include interests; at exit one participant's record was pointed out to have few interests, which could and should be more thorough. WHAT – All participant records will include current interests. HOW – Participant records will be reviewed to ensure they include interests. WHO – Program Director. QA – Participant records will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure interests are included. WHEN – All participant records will be reviewed by January 15, 2009, to ensure interests are included.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.11.600.01.e

600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A

Category/Findings

Assessments

FINDINGS:
Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.

3 out of 3 Developmental Therapy participant

Plan of Correction (POC)

WHAT – Comprehensive assessments will be modified to reflect a specific amount of therapy, rather than a range or "up to;" they will also be modified to include recommended locations for therapy.

HOW – Comprehensive assessments, will be reviewed to ensure

comprehensive assessment must: (7-1-06)
e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)

(1,5,6) records reviewed lacked:
• A comprehensive assessment that recommend the type and amount of therapy necessary to address the participant's needs. For example: The Developmental assessments recommend a range of therapy "up to 30 hours" rather than a specific amount of therapy based on the participant's needs. In addition, participant (5)'s Developmental Assessment recommended center based therapy "due to maladaptive behaviors" however, participant does not have any behavior programs.

they include recommendation for a specific amount and location of services.

WHO – Program Director.

QA – All participant records will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure specific amount of services and location(s) are included.

WHEN – All comprehensive assessments will be reviewed by January 15, 2009, to ensure specific therapy amounts and location(s) are included.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.11.600.03

600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)
03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06)

Category/Findings

Assessments

FINDINGS:
Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.

1 out of 3 Developmental Therapy participant (6) records lacked:

*The therapist's signature on the speech assessment dated 09/10/08.

Plan of Correction (POC)

Speech therapy assessment lacked signature. WHAT – Agency will review records obtained to ensure signatures are included and will ask for copy with signature if not included. HOW – Agency will review all incoming records as they are filed. WHO – Program Director. QA – Comprehensive assessments will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure records have appropriate signature. WHEN – All comprehensive assessments will be reviewed by January 15, 2009, to ensure appropriate signatures are included.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.01.a-g	Assessments	
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) a. Self-care; (7-1-06) b. Receptive and expressive language; (7-1-06) c. Learning; (7-1-06) d. Gross and fine motor development; (7-1-06) e. Self-direction; (7-1-06) f. Capacity for independent living; and (7-1-06) g. Economic self-sufficiency. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 3 Developmental Therapy participant (1) records reviewed lacked the following: • A comprehensive developmental assessment conducted by a qualified Development Specialist and reflect a person's developmental status for the 7 skill areas. For example: Comprehensive Developmental Assessments lacked learning; gross and fine motor skill areas.	WHAT – All comprehensive developmental assessments for all participants will address strengths and needs for all 7 rule areas. HOW – Agency will review all participant's comprehensive developmental assessments. WHO – Program Director. QA – All participant's comprehensive developmental assessments will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure 7 skill areas are addressed. WHEN – All participant's comprehensive assessments will be reviewed by January 15, 2009, to ensure 7 skill areas are addressed.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.a	Assessments	
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) a. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 3 Developmental Therapy participant (5) records reviewed lacked: • A narrative medical/social history which is a medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information. For example: Participant (5)'s social/medical lacked current health information, such as current immunizations, visual, hearing, dental information.	WHAT: Medical/social histories will include current health information including immunizations, vision, hearing, and dental. HOW – Agency will review all medical/social histories. WHO –Program Director and LSW. QA – Medical/social histories will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure all required information is present.. WHEN – All medical/social histories will be reviewed by January 15, 2009, to ensure required information is present.
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.c	Assessments	
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 2 out of 3 Developmental Therapy participant (5, 6) records and 1 out of 2 IBI participant (9) record reviewed lacked: • A narrative Social/Medical that includes personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse. For example: Participant (5)'s social/medical lacked recreational, hobbies, legal and criminal history. Participant (6)'s record lacked family medical history. Participant (9)'s record lacked many components such as: family medical history, social relationships, legal, etc.	WHAT: Medical/social histories will include current personal history including legal/criminal history, social functioning/relationships, history of abuse, family medical history, and recreational activities/hobbies. HOW – Agency will review all medical/social histories. WHO – Program Director and LSW. QA – Medical/social histories will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure all required information is present. WHEN – All medical/social histories will be reviewed by January 15, 2009, to ensure required information is present.
Scope and Severity: Isolated / No Actual Harm – Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.d	Assessments	
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 3 Developmental Therapy participant (6) records and 1 out of 2 IBI participant (9) records reviewed lacked: *Social Medical assessments which included family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the	WHAT: Medical/social histories will include current family history including living and deceased immediate family, family resources, medical history, and cultural background. HOW – Agency will review all medical/social histories. WHO – Program Director and LSW. QA – Medical/social histories will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure all required information is present. WHEN – All medical/social histories will be reviewed by

	participant. For example: Participant (5)'s social/medical lacked recreational, hobbies, legal and criminal history. Participant (6)'s record lacked family medical history. Participant (9)'s record lacked many components such as: family medical history, social relationships, legal, etc.	January 15, 2009, to ensure required information is present.
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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.h	Assessments	WHAT – medical/social histories will be modified to include information relevant to discipline.
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) h. Recommendation of services necessary to address the participant's needs. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy participant (1,5,6) records and 2 out of 2 IBI participant (8,9) records reviewed lacked: • A narrative Social/Medical with Recommendations of services necessary to address the participant's needs. For example: Recommendations on the Social/Medicals are not relevant to the discipline. A recommendation for up to 29 hours of DT and 1 hour of Speech. Recommendations: 1. Re-evaluate protocol and categories for Social Medical. For example: "presenting problem behavior" does not correlate with the content. 2. Category "significant Psychiatry History" does not correlate with content. 3. Remove reference of Idaho Code from Social Medical Assessment. This is not standard of practice for Social Medical Assessments. 4. Eliminate the significant repetition of other discipline reports with in the social medical assessment.	HOW – Agency will consult with other agencies to determine what standard of practice is for medical/social histories. Once determination is made for standard of practice for included information in medical/social histories, all will be reviewed and/or modified to ensure necessary components are included. WHO – Program Director and LSW. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement. WHEN – All medical/social histories will be reviewed and modified for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009. QA is ongoing.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.605.05 605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)	Requirements for Specific Skill Assessments FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy participants (1,5,6) record lacked: *Appropriate baselines for program implementation. Baseline is unorthodox and not commensurate with best practice that is reflective in the implementation plan. For example: Participant (5)'s baseline for "eye contact" and Participant (1)'s baseline for "follow directions" the components of the baseline program and scoring are not the same as the implementation plan.	WHAT – baseline will continue to be taken with level of assistance data for entire task. HOW – objective will be changed to entire task; baseline data will match implementation plan data. WHO – Program Director. QA – baseline/implementation plan data will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review to ensure that baselines are written and conducted consistently with PIP/task analysis. Baseline/implementation plan data will also be reviewed when PIPs are revised and/or new PIPs are implemented. WHEN – baseline/implementation plan data will be reviewed and modified for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.b 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) b. Amount of service is the total number of service hours during a specified period of time.	Individual Program Plan FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 3 Developmental Therapy participant (1) records reviewed lacked: • An Individual Program Plan (IPP) which includes the amount of service which is the total number of service hours during a specified period of time. This is typically indicated in hours per week. For example: The IPP indicates 15 hours of DT during school and 29 hours of DT when school is out(summer) with no clear justification of increased need for the service during the summer. The increase in hours must	WHAT – IPPs will be changed to have one amount listed. HOW – Agency will review all IPPs. WHO – Program Director. QA – IPPs will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure amount is consistent with IDAPA requirements. Additionally, whenever target hours are changed, IPP will be reviewed to ensure consistency with IDAPA requirements. WHEN – All IPPs will be reviewed for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.

This is typically indicated in hours per week. (7-1-06)

be completed through an addendum. In addition, Participant (9)'s IPP has the same type of hours for during school and when school is out.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.a	Individual Program Plan	
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter.	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>2 out of 3 Developmental Therapy participant (5,6) records reviewed lacked:</p> <p>*The completion or obtainment of assessments prior to the development of the IPP. For example: Participant (5) lacked the completion or obtainment of SLP assessment prior to the development of the IPP. The IPP start date was 04/07/08 and the SLP assessment was completed 06/02/08. Per the D.S., the agency utilized the SLP assessment dated 01/30/07; however, the SLP assessment was a Barium Swallow study and did not address speech/communication needs. Participant (6) lacked the completion of the Developmental Assessment prior to the development of the IPP. The Planning meeting for the IPP was 08/30/08, the start date was 09/04/08 and the Developmental Assessment was completed on 09/22/08.</p> <p>(Repeat Deficiency)</p>	<p>WHAT – IPP Checklist will be modified to demonstrate dates of assessments and specific information used in developing IPP.</p> <p>HOW – Agency will use updated IPP checklist for developing initial and annual IPP.</p> <p>WHO – Program Director.</p> <p>QA – updated IPP checklist will be used at initial and annual IPP development. Additionally, random participant record audits will be performed internally to ensure that all documents are obtained and in files.</p> <p>WHEN – As records are reviewed, participants sampled during the survey will have updated IPP checklist used to audit IPP development by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.</p>

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.b	Individual Program Plan	WHAT – IPPs will be signed by physician prior to IPP start date.
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 3 Developmental Therapy participant (6) record reviewed lacked: *The signature of the physician prior to the initiation of the service. For example: The physician signed the IPP on 10/03/08 and services were implemented on 09/05/08. Total billed amount for five days of therapy from 09/05/08 through 09/26/08 was \$230.46. (Potential Recoupment)	HOW – Agency will ensure that IPP is signed by physician before implementing. WHO – Program Director. QA – IPPs will be reviewed by Program Director at initial and annual. WHEN – All IPPs will be reviewed for physician signature by January 15, 2009. Agency will ensure that services are not billed before plan is signed by physician.
Scope and Severity:	Widespread / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:
		Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.iv</p> <p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)</p>	<p>Individual Program Plan</p> <p>FINDINGS:</p> <p>Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy participant (1,5,6) records and 2 out of 2 IBI participants (8,9) records reviewed lacked:</p> <p>*The provision of therapy as outlined in the plan. For example: Participant (9) was provided only 31% of therapy for the last current plan year; Participant (6) was provided 41% of therapy for the last current plan year; Participant (8) was provided 44% of therapy for the alst current plan year; Participant (1) ws provided 65% of therapy for the last current plan year; and Participant (5) was provided 77% of therapy for the last current plan year with no documentation of a participant-based reason authorized services was not provided.</p>	<p>Services participants received did not equal 80% of services on IPP. WHAT – Agency will ensure easy to access documentation of participant-based reason for less than 80% of service delivery, where applicable. Agency will review percentage of services delivered for participants on at least monthly basis and make adjustments as needed. HOW – All participants services will be reviewed at least monthly. WHO – Administrator and Program Director. QA – Service delivery will be reviewed at least monthly; adjustments to participant hours will be made as needed. WHEN – Monthly (at least) review will begin in January 2009.</p>
<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>	<p>Date to be Corrected:</p>	<p>Administrator Initials:</p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.v. 701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) v. A list of the participant's current personal goals, interests and choices; (7-1-06)	Individual Program Plan FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy participants (1,5,6) lacked a list of personal goals and choices. As "Choices" listed on the IPP were a repeat of needs. (Repeat deficiency) Note: Participant (6)'s IPP contained two different dates for the planning meeting. Dates included 08/30/08 and 08/30/07.	WHAT – Choices on IPP will be modified to include appropriate information. Planning meeting dates will be reviewed for typos (participant 6). HOW – Agency will consult with other agencies to determine what standard of practice is for "choices" on IPP, specifically for non-verbal children. Once determination is made for standard of practice, all IPPs will be reviewed and/or modified. Planning meeting dates will be reviewed for typos. WHO – Administrator and Program Director. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement and review for typos. WHEN – All "choices" on IPPs will be reviewed and modified for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009. QA is ongoing.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.vii REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver	Individual Program Plan FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy participant (1,5,6) records reviewed lacked: *Measurable behaviorally stated objectives. For example: Objectives create dependency with the requirement of an initial verbal cure from the	WHAT – Formal consultation with agency psychologist to revise how IPP objectives are written. HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards. WHO – Administrator and Program Director. QA – IPPs will be reviewed for one year by Master's level (or

<p>participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)</p>	therapist.	<p>higher) personnel.</p> <p>WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.</p>
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.701.05.e.xi	Individual Program Plan	WHAT – Formal consultation with agency psychologist to revise transition planning.	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.	HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards.	
05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)	3 out of 3 Developmental Therapy participant (1,5,6) records reviewed lacked:	WHO – Administrator and Program Director.	
e. The IPP must promote self-sufficiency, the	<ul style="list-style-type: none"> • A transition plan designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of 	QA – IPPs will be reviewed for one year by Master's level (or higher) personnel.	
		WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be	

<p>participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)</p>	<p>some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. For example: The transition plans have no specific transition criteria into a less restrictive and more integrated setting.</p>	<p>completed by April 30, 2009.</p>
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Scope and Severity:	Widespread / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.03	Program Implementation Plan	
<p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through</p>	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy Participant (1,5,6) record reviewed lacked:</p> <p>*Measurable, behaviorally stated objectives. The agency's measurement creates dependency and does not allow the participant to become independent.</p>	<p>WHAT – Formal consultation with agency psychologist to revise how IPP objectives are written.</p> <p>HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards.</p> <p>WHO – Administrator and Program Director.</p> <p>QA – IPPs will be reviewed for one year by Master's level (or higher) personnel.</p> <p>WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.</p>

Developmental Disabilities Agency		ALLIES (dba of Advocacy and Learning Associates)	10/10/2008
703.07 of this rule: (7-1-06) 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)			
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.703.04 703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy Participant (1,5,6) records reviewed lack: *Program instructions such as a task analysis. Steps identified in the program were not TA's and lacked the training steps. 1 out of 2 IBI Participant (9) observations the staff did not take data during the observation period.	WHAT – Formal consultation with agency psychologist to revise how TAs are written. HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards. WHO – Administrator and Program Director. QA – IPPs will be reviewed for one year by Master's level (or higher) personnel. WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.b	Program Documentation (data/progress)	WHAT – Formal consultation with agency psychologist to revise how to better accomplish this. Changes will be reflected in the new programming.
704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy Participant (1,5,6) records reviewed lacked: *Sufficient progress data to accurately assess the participant's progress toward each goal. For example: Baseline programs and how data is taken, changes after baseline. Unclear how agency is able to track data/progress in terms of how the programs are written and data taken on one step. In addition, participant (6) lacked data for 2 months (04/08 & 05/08) on self care program. Participant (1) lacked behavioral data for (06/08 & 07/08).	HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards. WHO – Administrator and Program Director. QA – IPPs will be reviewed for one year by Master's level (or higher) personnel. WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.c	Program Documentation (data/progress)	WHAT - Objectives will be changed to reflect entire task, not just one component, and a measure of stability will be added (e.g., demonstrate goal for 3 months). Data will be reviewed monthly with correct documentation of review and system in place to indicate if changes are needed.
704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)	FINDINGS: Based upon record review, observation and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy participant (1,5,6) records and 1 out of 2 IBI participant (9) records reviewed and observations lacked: *A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. For example: Participant (1)'s objectives states goal is achieved with 6 out of 10 probes. The data documentation indicates 6	HOW – Agency will review all IPPs/PIPs and modify objectives. Data collection will subsequently be modified. System will be implemented to indicate/follow changes plan. WHO – Administrator and Program Director. QA – IPPs/PIPs will be reviewed at initial and annual development to ensure objectives are appropriate and data collection reflects objective. Monthly review of data with system to indicate changes and follow up will occur.

	<p>probes were met with no discontinuation or revision of the objectives. In addition, no documentation of changes in objectives when the participant has met their goal or if there has been no progress. Discussion with DS/IBI Professional stated she reviews data monthly. Participant (9)'s record lacked changes to the program in which reinforcements needed to be thinned and reduction of verbal prompts.</p> <p>Repeat Deficiency (Potential Recoupment)</p>	<p>WHEN – All IPPs/PIPs modification and subsequent data collection and review will take place for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009. QA is ongoing.</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.d	Program Documentation (data/progress)	
<p>704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)</p>	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>2 out of 3 Developmental Therapy participant (1,6) records reviewed lacked:</p> <p>*The components of a 6 month and annual review by the D.S. to include a written description of the participants progress and why services are needed.</p>	<p>WHAT – Six month and annual review will include written description of progress and why services are continued to be needed.</p> <p>HOW – Agency will develop form/process for written description of progress and justification for continued services.</p> <p>WHO – Administrator and Program Director.</p> <p>QA – Six month and annual reviews will have form/process added to them and subsequent reviews will reflect rule requirements.</p> <p>WHEN – All reviews will be modified/added to for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009. QA is ongoing.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705	Record Requirements	
705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy child participant (1,5,6) records lacked: • Evidence the participant record clearly documented the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. For example: Participant records lacked consistency regarding the signature of the person delivering service only initials on most documents.	Data collection forms had staff initials, typically, rather than signature; credentials were often missing. WHAT – Agency will develop signature page for all DDA staff demonstrating that signature & credentials are equivalent to initials. HOW – All DDA employees will sign form indicating signature and credentials are equivalent to initials. Employees will re-sign at least annually and/or when position changes. WHO – Administrator and Program Director. QA – System will be in place for new employees or employees who have position change to re/sign form. WHEN – Agency DDA staff will sign form by January 15, 2009 and system will be in place for all new employees at that time.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.c	Record Requirements	
01. General Records Requirements. Each participant record must contain the following information: (7-1-06) c. Program Implementation Plans, program documentation and monitoring records that comply with all applicable sections of these rules; (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy participant (1,5,6) records lacked: • Evidence the record contained Program Implementation Plans, program documentation and monitoring records that comply with all applicable sections of these rules. For example: No evidence/documentation of monitoring. Records included achieved goals and no documentation of discontinuation or change. In	WHAT - Objectives will be changed to reflect entire task, not just one component, and a measure of stability will be added (e.g., demonstrate goal for 3 months). Data will be reviewed monthly with correct documentation of review and system in place to indicate if changes are needed. HOW – Agency will review all IPPs/PIPs and modify objectives. Data collection will subsequently be modified. System will be implemented to indicate/follow changes plan. WHO – Administrator and Program Director. QA – IPPs/PIPs will be reviewed at initial and annual development to ensure objectives are appropriate and data collection reflects objective. Monthly review of data with system to indicate changes and follow up will occur.

	addition, no evidence of discontinuation or change in program when no progress was achieved.	WHEN – All IPPs/PIPs modification and subsequent data collection and review will take place for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009. QA is ongoing.
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.f	Assessments	
<p>705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>f. When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. (7-1-06)</p>	Participant (6)'s speech assessment lacks a signature with credentials and dated by the respective evaluator.	<p>WHAT – Agency will review records obtained to ensure signatures are included and will ask for copy with signature if not included. Comprehensive developmental assessments will be modified to be narrative reports including guidance for treatment.</p> <p>HOW – Agency will review all incoming records as they are filed. Agency will consult with other agencies to determine what standard of practice is for comprehensive developmental assessments. Once determination is made for how comprehensive developmental assessments will guide treatment, all comprehensive developmental assessments for all participants will be reviewed and/or modified to ensure necessary components are included.</p> <p>WHO – Program Director.</p> <p>QA – Comprehensive assessments will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure records have appropriate signature. Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement.</p> <p>WHEN – All comprehensive assessments will be reviewed by January 15, 2009, to ensure appropriate signatures are included. All comprehensive developmental assessments for all participants will be reviewed and modified by for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all</p>

16.04.11.705.01.f	Record Requirements	participants, which will be completed by April 30, 2009. QA is ongoing.
<p>705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>f. When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. (7-1-06)</p>	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy participant (1,5,6) records reviewed lacked:</p> <ul style="list-style-type: none"> • A narrative comprehensive assessment completed or obtained by the agency. For example: the Comprehensive Developmental Assessment are not narrative reports that guide treatment. 	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.706.01	Collaboration/Consultation	See next page.
<p>REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of</p>	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy participant (1,5,6) records lacked:</p> <ul style="list-style-type: none"> • Evidence when participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each 	

services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06)
01. Requirements for Participants Three to Twenty-One. (7-1-06)

a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)
b. For participants of mandatory school attendance age, seven (7) through sixteen (16), who are not enrolled in school, the DDA must document that it has referred the child to the local school district for enrollment in educational and related services under the provisions of the Individuals with Disabilities Education Act (IDEA). (7-1-06)

participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. For example: All participants lacked evidence of collaboration in their files only copies of IEP's.

(Repeat Deficiency)

Agency documentation of collaboration was insufficient. WHAT – Agency will develop system to ensure that ongoing collaboration is documented. Program Director will review quarterly and collaborate with other providers as needed. HOW – System will ensure collaboration is documented in hard copy file. WHO – Program Director. QA – Collaboration system will be reviewed quarterly by Program Director; if participant has not had collaboration between services for quarter, Program Director will contact provider(s). WHEN – Collaboration system has been implemented. Quarterly review will begin January 2009.

Scope and Severity: Widespread / No Actual Harm – Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.708.01	Service Delivery	
708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES. 01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy participant (1,5,6) records and 1 additional DT participants (2) reviewed lacked:</p> <ul style="list-style-type: none"> • Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. For example: The IPP's were developed prior to the development of the necessary assessments. Participant (1)'s start date was 09/04/08 and the SLP assessment was completed on 09/10/08 after the IPP start date. Participant (5)'s record lacked a physician's order/recommendation for the Psychological Assessment, Social/Medical Assessment, Speech Assessment and Developmental Assessment. Participant (6)'s record lacked a physicians order/recommendation for Social/Medical Assessment or Developmental Assessment Additional participant (2) record reviewed lacked a physician's order recommending necessary assessments such as social/medical or psych. <p>(Repeat deficiency)</p> <p>2 out of 3 Developmental Therapy participant (5,6) lacked:</p> <p>*The provision of Speech and Language goals and objectives as identified by the SLP. For</p>	<p>WHAT – IPP Checklist will be modified to demonstrate dates of assessments and specific information used in developing IPP. Clarification is being sought with Central Medicaid as to what constitutes physician's order for evaluations; changes to documentation of physician's order will be made accordingly.</p> <p>HOW – Agency will use updated IPP checklist for developing initial and annual IPP. Healthy Connections/Physician's Order will be reviewed prior to each service (therapy or evaluation) to ensure appropriate referral has been made.</p> <p>WHO – Program Director.</p> <p>QA – updated IPP checklist will be used at initial and annual IPP development. Healthy Connections/Physician's Order will be reviewed prior to each service (therapy or evaluation) to ensure appropriate referral has been made.</p> <p>WHEN – As records are reviewed, updated IPP checklist will be used to audit IPP development and review of Healthy Connections/Physician's order for participants sampled during the survey by January 30, 2009. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.</p>

example: Participant (5)'s SLP assessment completed 06/02/08 did not recommend that the participant "will take turns in making noises".

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.11.710

710.REQUIRED SERVICES. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. (7-1-06)

Category/Findings

Required Services

FINDINGS:

Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.

Agency lacked:

- Evidence the agency provides developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. For example: The agency has a formal written agreement with a Psychologist but the agreement does not address the required service Psychotherapy.

Plan of Correction (POC)

Agency does not specify psychotherapy in psychologist contract. WHAT – Agency will specify psychotherapy for contracted or employed psychologist. HOW – Psychologist contract will be modified and/or employed psychologist job description will be modified. WHO – Administrator and Program Director. QA – When contracts are updated and employee turnover occurs, agency will review contract/job descriptions to ensure psychotherapy remains assigned to appropriate personnel. WHEN – contract and/or job description will be modified by January 15, 2009.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.710.01	Required Services	
<p>710.REQUIRED SERVICES.</p> <p>Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. (7-1-06)</p> <p>01. Sufficient Quantity and Quality. All required services provided must be sufficient in quantity and quality to meet the needs of each person receiving services, and must be provided by qualified individuals in accordance with the requirements in Section 420 of these rules. (7-1-06)</p>	<p>FINDINGS:</p> <p>Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy participant (1,5,6) records and 2 out of 2 IBI participant (8,9) records reviewed lacked:</p> <p>*Quantity of services to meet the needs of the participant.</p> <p>2 out of 3 Developmental Therapy participant (5,6) records reviewed lacked:</p> <p>*Quality of services to meet the needs of the participant. For example: Therapy lacked functionality and appropriateness, agency staff was observed recording data and billing for time when the participant was sleeping.</p> <p>(Potential Recoupment)</p>	<p>WHAT – Agency will ensure easy to access documentation of participant-based reason for less than 80% of service delivery, where applicable. Agency will review percentage of services delivered for participants on at least monthly basis and make adjustments as needed. Participant billing will be adjusted to take off service time noted.</p> <p>HOW – All participants' services will be reviewed at least monthly. Concerns about quality of services are addressed in team meeting.</p> <p>WHO – Administrator and Program Director.</p> <p>QA – Service delivery will be reviewed at least monthly; adjustments to participant hours will be made as needed.</p> <p>WHEN – Monthly (at least) review will begin in January 2009. Adjustment to billed services for participant noted has been made.</p>

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.711.01	Developmental Therapy	
<p>711.DEVELOPMENTAL THERAPY.</p> <p>Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06)</p> <p>01. Areas of Service. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for</p>	<p>FINDINGS:</p> <p>Based upon record review, observation and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>1 out of 3 Developmental Therapy participant (6) lacked:</p> <p>*the provision of therapy directed towards rehabilitation or habilitation. For example: The objective of having the participant "lay still when her caregiver says ..." in not developmental</p>	<p>Services were not clearly delineated for re/habilitative nature.</p> <p>WHAT – Task analysis and objectives will be reviewed to ensure re/habilitative nature of service. HOW – Agency will consult with other agencies and will develop method for ensuring functional/developmental nature of service is documented. WHO – Administrator and Program Director. QA – At initial or annual plan development, IPP/PIP will be reviewed to ensure functional/developmental areas are clearly documented. WHEN – All IPPs/PIPs will reviewed and modified by March 15, 2009. QA is ongoing.</p>

independent living, or economic self-sufficiency.
(7-1-06)

therapy.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.724.01-.03	Collateral Contact	
<p>724.COLLATERAL CONTACT. Collateral contact is consultation with or treatment direction given to a person with a primary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-06)</p> <p>01. Conducted by Agency Professionals. Be conducted by agency professionals qualified to deliver services and be necessary to gather and exchange information with individuals having a primary relationship to the participant. (7-1-06)</p> <p>02. Face to Face or by Telephone. Be conducted either face-to-face or by telephone when telephone contact is the most expeditious and effective way to exchange information. Collateral contact does not include general staff training, general staffings, regularly scheduled parent-teacher conferences, general parent education, or treatment team meetings, even when the parent is present. (7-1-06)</p> <p>03. On the Plan of Service. Have a goal and objective stated on the plan of service that identifies the purpose and outcome of the service and is conducted only with individuals specifically identified on the plan of service. Program Implementation Plans are not required for collateral contact objectives. (7-1-06)</p>	<p>FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance.</p> <p>3 out of 3 Developmental Therapy child participant (1,5,6) and 2 out of 2 IBI child participant (8,9) records lacked: • Evidence of collateral contact conducted by the agency professional face to face or telephone. (Repeat Deficiency)</p> <p>3 out of 3 Developmental Therapy Participant (1,5,6) records reviewed lacked:</p> <p>*An appropriate and individualized goal and objective on the IPP. All goals and objectives were the same for all 3 participants. When discussed with D.S. she was unable to provide clarification, meaning and purpose of goals/objectives. D.S. reported that it "came out of rule". For example: Participant (10) lacked collateral contact documentation for 1/11/08, 02/07/08 which the agency billed. Participant (11) lacked collateral contact documentation for 08/13/08 which the agency billed. Participant (6) lacked collateral contact documentation for 11/12/08 which the agency billed.</p> <p>(Potential Recoupment)</p>	<p>WHAT – Collateral contact will be reviewed and revised to reflect individualized language. System for collateral contact will be implemented to ensure documentation of participant based reason for cancellations and provision per IPP. Agency will review collateral contact documentation to ensure hours billed are documented.</p> <p>HOW – Agency will consult with other agencies and will develop individualized collateral contact goal/objective language. Agency will implement system to follow collateral contact for cancellations and provision of service. Agency will review documentation to ensure that billed services are appropriately documented.</p> <p>WHO – Administrator and Program Director.</p> <p>QA – Program Director will check collateral contact system quarterly (at least) to ensure documentation and provision of services, with changes made to IPP as needed. Collateral contact goal/objective language will be reviewed at initial and annual IPP development.</p> <p>WHEN – Collateral contact system will be in place by January 15, 2009, with quarterly review beginning same month. All IPPs will reviewed and modified by March 15, 2009. Agency will review collateral contact documentation and make adjustments, if necessary (including March 12, 2008, collateral billed), by January 30, 2009. QA is ongoing.</p>
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:
		Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.801.02 804.IBI CONSULTATION. Professionals may provide IBI consultation to parents and other family members, professionals, paraprofessionals, school personnel, child care providers, or other caregivers who provide therapy or care for an IBI eligible child in other disciplines to assure successful integration and transition from IBI to other therapies, services, or types of care. IBI consultation objectives and methods of measurement must be developed in collaboration with the person receiving IBI consultation. (7-1-06) 02. Measurable Progress. IBI consultation must result in measurable improvement in the child's behavior. It is not intended to be used for educational purposes only. (7-1-06)	IBI Authorization and Review FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 2 IBI child participant (9) records lacked: • Evidence the agency conducted and documented a formal review of therapy objectives and direction for future therapy for each objective.	WHAT – Formal consultation with agency psychologist to revise how to better accomplish this. Changes will be reflected in the new programming. HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards. WHO – Administrator and Program Director. QA – IPPs will be reviewed for one year by Master's level (or higher) personnel. WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.804.02 804.IBI CONSULTATION. Professionals may provide IBI consultation to parents and other family members, professionals, paraprofessionals, school personnel, child care providers, or other caregivers who provide therapy or care for an IBI eligible child in other disciplines to assure successful integration and transition from IBI to other therapies, services, or types of care. IBI consultation objectives and methods of measurement must be developed in	IBI Consultation FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 2 out of 2 IBI child participant (8,9) records lacked: • IBI consultation must result in measurable improvement in the child's behavior. It is not intended to be used for educational purposes only. For example: No evidence the agency is	WHAT – CEO and agency psychologist will develop a plan to better accomplish this to include demonstrating measurable improvement. Changes will be reflected in the new programming. HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards. WHO – Administrator and Program Director.

Developmental Disabilities Agency		ALLIES (dba of Advocacy and Learning Associates)	10/10/2008
collaboration with the person receiving IBI consultation. (7-1-06) 02. Measurable Progress. IBI consultation must result in measurable improvement in the child's behavior. It is not intended to be used for educational purposes only. (7-1-06)	carrying out the authorized hours of consultation on the plan. In addition, no evidence of measurable improvement in the child's behavior. (Repeat deficiency)	QA – IPPs will be reviewed for one year by Master's level (or higher) personnel. WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.	
Scope and Severity: Widespread / No Actual Harm – Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.900.01.a 900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06) a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-06)	QA Program FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 2 out of 3 Developmental Therapy participant (5,6) records and 1 out of 2 IBI participant (9)records reviewed lacked: • A quality assurance program that ensures the services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice. For example: Agency is writing objectives that lack functionality and purpose. In addition, the "task" is not a "task analysis" but a list of items. TA lacked therapy directed at teaching a needed skill. The taking of data on one step of the program is not with in current standard of practice. These programs are inappropriate for older participants.	WHAT – CEO will formally consult with agency psychologist to revise how to better accomplish this. Changes will be reflected in the new programming. HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards. WHO – Administrator and Program Director. QA – IPPs will be reviewed for one year by Master's level (or higher) personnel. WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.	
Scope and Severity: Widespread / No Actual Harm – Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.d 900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06) d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)	QA Program FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 2 out of 3 Developmental Therapy participant (1,5) records lacked: • An agency quality assurance program that ensures skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: Participant (1)'s Implementation plan for vacuuming and answering the phone is conducted in the center. Participant (5)'s Implementation plan for dressing/undressing is conducted in the center. Participant (1,5) live in Blackfoot/American Falls area and their objectives were conducted in the center with no indication or factual justification on the Developmental Assessment to guide treatment in the center. (Repeat Deficiency)	WHAT – CEO will formally consult with agency psychologist to revise how to better accomplish this. Changes will be reflected in the new programming. HOW – Agency will assume that all participants are affected by this deficiency. WHO – Administrator and Program Director. QA – IPPs will be reviewed for one year by Master's level (or higher) personnel. WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.03.f 900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-06) f. Are observable in practice. (7-1-06)	QA Program FINDINGS: Based upon record review, observation and discussion with staff &/or Administration, the agency is not in compliance. 3 out of 3 Developmental Therapy Participant (1,5,6) records and 1 out of 2 IBI Participant (8,9) records reviewed lacked: *A quality assurance program that ensures DDA services provided to participants are observable	Service was provided to participant who was semi-awake. WHAT – Participant billing will be adjusted to take off service time noted. HOW – All participant services will be reviewed at least monthly (in team meeting). Concerns about quality of services are addressed in team meeting. WHO – Administrator and Program Director. QA – Service delivery will be reviewed at least monthly; adjustments to participant hours will be made as needed. WHEN – Monthly (at least) review will begin in January 2009. Participant therapy has been discontinued at recommendation of FACS and Medicaid.

in practice. For example: During Participant (6)'s observation the therapist was taking data while the participant was sleeping.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.01.b 905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06) 01. Participant Rights Provided Under Idaho Code. Sections 66-412 and 66-413, Idaho Code, provide the following rights for participants: (7-1-06) b. Not be put in isolation; (7-1-06)	Participant Rights FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. Agency lacked: • Evidence the participants have the right not be put in isolation. For example: The agency has a time out room called the "Back Up Room" which has a spring loaded lock that the staff hold while the participant is in the "Back Up Room" and does not have any lighting. (Agency removed the door to the "Back Up Room" during survey)	Use of Back Up Room violated the right of a participant not to be put in isolation. WHAT – Door on Back Up Room was removed; deficiency corrected during survey. HOW – One participant was impacted by this practice and her programming has been modified to a less restrictive plan. WHO – Administrator and Program Director. QA – Back up room will no longer be implemented at all. WHEN – Effective immediately.
Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected:
		Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.03.c	Participant Rights	
905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06) 03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06) c. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. (7-1-06)	FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 3 out of 3 Developmental Therapy participant (1,5,6,) records and 2 out of 2 IBI participant (8,9) records lacked: <ul style="list-style-type: none">Evidence the DDA provided each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. For example: Agency had a rights form that states "you have a right to verbal and written information" but does not state that the participant/parent/legal guardian received a verbal explanation of their rights.	WHAT – Policy will be modified to reflect verbal explanation of rights given to participant at intake and then as requested. HOW – Policy will be modified and discussion will occur with Intake Specialist, who will then verbally review participant rights at all intake sessions. All participants (current and new) will be asked if they would like to verbally review the participant rights at their initial/annual planning meeting, and if they would like another copy. WHO – Administrator and Program Director. QA – Administrator and/or Program Director will review IDAPA rules annually to ensure policies & procedures are consistent with rule requirement. WHEN – policy will be modified & implemented by January 30, 2009. QA is ongoing.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.02	Positive Social Skills	
915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that:(7-1-06) 02. Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease inappropriate behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 10 out of 24 participants served by the agency have a restrictive/aversive behavior program which the records lacked the following: <ul style="list-style-type: none">Evidence the agency ensures and documents the use of positive approaches to increase social skills and decrease inappropriate behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. (See agency current	WHAT – Use of aversive or restrictive programming will only be implemented after less restrictive strategies have been clearly documented and it is recommended by a licensed psychologist. A discontinuation rule has already been implemented to discontinue programming not in use for three months. HOW – All participants who have aversive components have been or will be reviewed and discontinuation criteria implemented when appropriate. WHO – Administrator, Program Director and licensed psychologist. QA – IPPs/programming will be reviewed for one year by Master's level (or higher) personnel.

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	<p>DDA participants, October 2008 for participants receiving restrictive/aversive behavior programs)</p> <p>(Repeat Deficiency)</p>	<p>WHEN – New programming addressing stringent guidelines for the use of aversive or restrictive programming will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.</p>	
Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected:	Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.03 915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 03. Function of Behavior. Address the possible underlying causes or function of the behavior and identifying what a participant may be attempting to communicate by the behavior. (7-1-06)	Positive Social Skills FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 1 out of 3 Developmental Therapy Participant (5) record lacked: *The assessment of "Maladaptive behaviors" identified in the Developmental Assessment in regard to the function of the behavior.	"Maladaptive Behaviors" was not clearly defined in the comprehensive developmental assessment. WHAT – All comprehensive developmental assessments will be reviewed and modified to reflect current practice; "maladaptive behaviors" will be better addressed and defined. HOW – Agency will review all comprehensive developmental assessments. WHO – Program Director. QA – Comprehensive developmental assessments will be reviewed at least twice per year, at initiation of services or annual review and at 6 month review, to ensure maladaptive behaviors are defined. WHEN – All comprehensive developmental assessments will be reviewed by January 15, 2009, to ensure maladaptive behaviors are defined.
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.04	Positive Social Skills	
915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 10 out of 24 child participants served by the agency have a restrictive/aversive behavior program which the records lacked the following: • Evidence the agency ensures that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. In addition, participant (1) has three objectives (5.4;5.5;5.6) that the goal is to "refrain from" and there is no skill acquisition or teaching of an adaptive skill. (Repeat Deficiency) 1 out of 3 Developmental Therapy Participant (5) record reviewed lacked: *The assessment of the "maladaptive behaviors" identified in the Developmental Assessment in regard to the function of the behavior. In addition, lacked documentation of the behavior replacement for the "maladaptive behavior".	WHAT – CEO will formally consult with agency psychologist to revise how to better accomplish this. Changes will be reflected in the new programming. HOW – Agency will assume that all participants with most recent IPP dated prior to Oct 10, 2008 are affected by this deficiency. IPPs will be reviewed and revised according to new programming standards. WHO – Administrator and Program Director. QA – IPPs will be reviewed for one year by Master's level (or higher) personnel. WHEN – New programming addressing IPPs will be implemented by Jan 15, 2009, for all participants sampled during survey. We require an extension to implement new programming program-wide for all participants, which will be completed by April 30, 2009.
Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected: Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.10.b	Positive Social Skills	
915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include	FINDINGS: Based upon record review and discussion with staff &/or Administration, the agency is not in compliance. 10 out of 24 child participants served by the agency have a restrictive/aversive behavior	See next page.

Developmental Disabilities Agency		ALLIES (dba of Advocacy and Learning Associates)
statements that: (7-1-06) 10. Appropriate Use of Interventions. Ensure that interventions used to manage a participant's inappropriate behavior are never used: (7-1-06) b. For the convenience of staff; (7-1-06)	program which the records lacked the following: • Evidence the agency ensures that interventions used to manage a participant's inappropriate behavior are never used for the convenience of staff. (Repeat Deficiency)	Programming relies too heavily on the use of aversives. WHAT = Use of aversive or restrictive programming will only be implemented after less restrictive strategies have been clearly documented and it is recommended by a licensed psychologist. A discontinuation rule has already been implemented to discontinue programming not in use for three months. HOW = All participants who have aversive components have been or will be reviewed and discontinuation criteria implemented when appropriate. WHO = Administrator, Program Director and licensed psychologist. QA = IPPs/programming will be reviewed for one year by Master's level (or higher) personnel. WHEN = New programming addressing stringent guidelines for the use of aversive or restrictive programming will be implemented by Jan 15, 2009. (Note: see cover letter for specific transition strategy).
Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected: _____ Administrator Initials: _____
Administrator Signature (confirms submission of POC): <i>Cheri L Atkins, PM</i>		Date: <i>2-2-09</i>
Team Leader Signature (signifies acceptance of POC): <i>Pam Loveland-Schmidt</i>		Date: <i>2/2/09</i>